APPENDIX A

REGISTRATION CARD

COURSE TITLE:

COURSE LOCATION: | COURSE NUMBER: | WEEK OF:

☐ MR ☐ MISS ☐ MRS. | LAST NAME: | FIRST NAME: | INITIAL: | BUSINESS PHONE:

EMPLOYER: | BUSINESS ADDRESS:

CITY: | STATE: | ZIP CODE:

EDUCATION
HIGH SCHOOL 1 2 3 4 YEARS COLLEGE_____ YEARS, DEGREE_____, MAJOR_____

YEARS OF PROFESSIONAL EXPERIENCE:

EMPLOYER CATEGORY (Circle one)
1. FDA
2. OTHER GOVERNMENT (Name Branch)
3. STATE
4. LOCAL
5. UNIVERSITY
6. FOREIGN GOVERMENT
7. INDUSTRY

PRESENT POSITION TITLE: (circle one)

1 ADMINISTRATOR
2 BIOLOGIST
3 CHEMIST
4 DIETITIAN
5 ENGINEER
6 HEALTH EDUCATOR
7 INSPECTOR
8 MICROBIOLOGIST
9 NURSE
10 SANITARIAN
11 VETERINARIAN
12 OTHER_____

PLEASE COMPLETE ALL ITEMS

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APPENDIX B

AUDIO/VISUAL REQUEST FORM

NAME:_____ **TITLE:**_____
(LAST) (FIRST) (INITIAL)

ORGANIZATION:_____

MAILING ADDRESS:_____
(STREET NUMBER OR P.O. BOX)

STREET ADDRESS:_____
(IF DIFFERENT THAN MAILING ADDRESS)

_____
(CITY) (STATE) (ZIP CODE)

TELEPHONE NO.:(____)_____ **DATE DESIRED:**_____
(LIST ALTERNATE DATES IF POSSIBLE)

PLEASE ORDER BY NAME AND CATALOG NUMBER:

(CATALOG NUMBER) **(NAME)**

MAIL TO: TRAINING RESOURCE CENTER
STATE TRAINING BRANCH (HFC-153)
U.S. FOOD & DRUG ADMINISTRATION
5600 FISHERS LANE, ROOM 12-86
ROCKVILLE, MD. 20857
(301) 443-5871

APPENDIX B

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NAME:_____ **TITLE:**_____
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DEPARTMENT OF
HEALTH & HUMAN SERVICES

Public Health Service
Food and Drug Administration

State Training Branch HFC-163
Division of Federal-State Relations
Rockville MD 20857

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